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| | | | |
|--------|--------------------------|--------|--------------------------|
| To: | Commissioner for Patents | From: | Laura L. Shires |
| Fax: | (571) 273-8300 | Pages: | 5 (including cover page) |
| Phone: | | Date: | August 30, 2005 |

Comments: **OFFICIAL FILING**

Application No.: 10/622,437

Filing Date: July 18, 2003

Title: EMBOLIZATION DEVICE AND A METHOD OF USING THE SAME

Inventor(s): Thomas J. FOGARTY et al.

Examiner: Not Yet Assigned

Group Art Unit: 3731

Attorney Docket No.: FGRTNZ00200

Papers attached:

1. Transmittal (1 page)
2. Information Disclosure Statement (2 pages)
3. PTO/SB/08a/b (1 page)

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

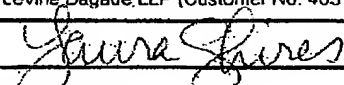
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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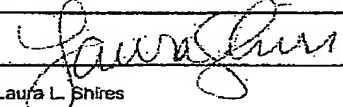
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|--|------------------------|-------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/622,437 |
| | Filing Date | July 18, 2003 |
| | First Named Inventor | Thomas J. FOGARTY |
| | Art Unit | 3731 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | FGRTNZ00200 |
| Total Number of Pages in This Submission | | 5 |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO/SB/08a/b (1 page) 2. Fax Cover Sheet (1 page) |
| Remarks _____ | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Levine Bagade LLP (Customer No. 40518) | | |
| Signature |  | | |
| Printed name | Laura L. Shires | | |
| Date | August 30, 2005 | Reg. No. | 52,222 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature |  | | |
| Typed or printed name | Laura L. Shires | Date | August 30, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

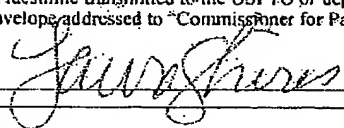
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Attorney Docket No.: FGRTNZ00200

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Date: August 30, 2005

Signature:  (Laura Shires)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/622,437
Confirmation No.: 4971
Filing Date: July 18, 2003
Inventor(s): Thomas J. FOGARTY et al.
Title: EMBOLIZATION DEVICE AND A METHOD OF USING THE SAME
Examiner: Not Yet Assigned
Group Art Unit: 3731

INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patent
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the U.S. patent document listed on the attached PTO/SB/08a/b. The Examiner is requested to make this document of record.

This Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114.
- ☒ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97(e)(2) has been provided.

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Application No.: 10/622,437

Attorney Docket No.: FGRTNZ00200

☐ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.

☐ A fee is required. A Credit Card Payment Form is enclosed.

☐ A Certification under 37 C.F.R. § 1.97(e) is provided below; accordingly, no fee is believed to be due.

☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee. A Certification under 37 C.F.R. § 1.97(e) is provided below and a Credit Card Payment Form is enclosed.

I hereby certify that no item of information was cited in a communication from a foreign patent office in a counterpart foreign application or, to the best of my knowledge after making a reasonable inquiry, was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this Information Disclosure Statement.

Applicants would appreciate the Examiner initialing and returning the PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

Respectfully submitted,



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Registration No. 48,821

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CUSTOMIZED PTO/SB/08a/b (07-05)

| | | | |
|---|---|--------------------------|-------------------|
| Substitute for form 1449/PTO | | Complete if Known | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | | Application Number | 10/622,437 |
| | | Filing Date | July 18, 2003 |
| | | First Named Inventor | Thomas J. FOGARTY |
| | | Art Unit | 3731 |
| | | Examiner Name | Not Yet Assigned |
| Sheet | 1 | of | 1 |
| | | Attorney Docket Number | FGRTNZ00200 |

| U.S. PATENT DOCUMENTS | | | | | |
|-----------------------|-----------------------|---|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number Number-Kind Code ² (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | 1. | 6,921,410 B2 | 07-26-2005 | Porter | |

| FOREIGN PATENT DOCUMENTS | | | | | | |
|--------------------------|-----------------------|--|--------------------------------|--|---|----------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document Country Code ² -Number ³ -Kind Code ² (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁴ |
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*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS | | | |
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| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published | T ² |
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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

| | | | |
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| Examiner Signature | | Date Considered | |
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